Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment Check box if an Amendment	Date Stamp	CALIFORNIA 409				
#06		For Official Use Only				
Date qualification threshold met (Month, Day, Year)						

						Date		tion threshold , Day, Year)	d met					
. LLC Information														
	GAL NAME OF LIMITED LIABILITY COMPANY:	NAME O	F RESPONSIBLE (OFFICER OR F	PRINCIP	AL OFFIC	ER: PRIN	NCIPAL/RESPO	ONSIBLE OFFI	CER PHON	#: PRINCIP	AL/RESPC	NSIBLE OF	FICER EMAIL:
N	lextEra Energy Resources, LLC	Cara N	/lartinson			561-694-6492			Cara.N	Cara.Martinson@nexteraenergy.com				
LL	C STREET ADDESS:	CITY:		STATE:	ZIP C	ODE: LL	DDE: LLC MAILING ADDESS (IF DIFFERENT): C			CITY: STATE: ZIP CODI			ZIP CODE:	
7	00 Universe Boulevard	Jur	Juno Beach FL 334			408								
affi	The state of committee the state of the stat			оммітте 325302			TTEE PHONE 94-6492	NUMBER:	COMMITTE	E EMAIL A	DDRESS:			
CC	DMMITTEE STREET ADDESS:	CITY	:	STATE:	ZIP C	ODE: CO	OMMITTE	EE MAILING A	DDESS (IF DI	FFERENT):	CITY:		STATE:	ZIP CODE:
7	00 Universe Boulevard	Jur	no Beach	FL	334	408								
. Members (If any members are other LLCs, further disclosure is required in Part 3.)														
· <u></u>	FULL NAME MEMBERSHIP TYPE						CONTRIBUTION THRESHOLD)	ON CUN	IULATIVE CA			CENTAGE HIP INTEREST		
_			MEMBERSHIP 10% OR GREATER				CAPI	ITAL CONTRIBUTI	ON THRESHOLD)	CONT	KIBOTIONS	TOLLO		
١	NextEra Energy Capital Holdings, Inc.		☐ CAPITAL CONTRIBUTIONS \$10,000			OR MORI	E						100%	
			☐ MEMBERSHIP 10% OR GREATER											
			☐ CAPITAL CONTRIBUTIONS \$10,000			OR MORI	E							
			☐ MEMBERSHIP 10% OR GREATER											
_			CAPITAL CONTRIBUTIONS \$10,000			OR MORI	<u> </u>							
			MEMBERSHIP 10% OR GREATER											
_			CAPITAL CO	NTRIBUTIONS	\$ \$10,000	OR MORI								
. <u>N</u>	ames of Member LLCs Listed i	in Par	t 2											
	NAME OF LLC LISTED IN PART 2			FULL NAMES OF MEMBERS										
_														
_														
. V	erification													
	I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and, to the best of my knowledge, the information contained in it is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						ue and							

		DocuSigned by:
Executed on	Bv	Cara Martinson
DATE	-, 	7SIPONVAPPURE

FPPC Form 409 (Nov/2021) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)